Electronic Patent Application Fee Transmittal							
Application Number:	09673	09673905					
Filing Date:	23-Oc	23-Oct-2000					
Sthent date: 01/25/2008 CKHLOK 8/2007 INTEFSW 00001495 09673905 C:1453 -1500.00 OP		Adjustae 10/02/20 01 FC:14	nt-date:-01/25 06-INTEFSW-00 62	/2008 CKHLOK 000012-09673905 -400	0.00 ap		
	Signa	alling system in a signalling point					
Card Refund Total: \$1500.00							
xp .: XXXXXXXXXXXX1002		D. Dr. Evo	: XXXXXXXXXXXXI				
First Named Inventor/Applicant Name:	Klaus	Am Exp Gradischnig					
Filer:	Richa	d A. Neifeld/B	A. Neifeld/Bruce Margulies				
Attorney Docket Number:	SIEM	00,15U/US					
Filed as Large Entity							
U.S. National Stage under 35 USC 37	U.S. National Stage under 35 USC 371 Filing Fees						
Description		Fee Code	Quantity	Amount	Sub-Total USD(\$)		
Basic Filing:							
Pages:							
Claims:	,	A Section of the Control of the Cont					
Miscellaneous-Filing:		4.0					
Petition:							
Petition-revive unintent, abandoned app	1	1453	1	1500	1500		
Patent-Appeals-and-Interference:		4					
Post-Allowance-and-Post-Issuance:							

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
	Total in USD (\$)			1500

<u>|</u>

.

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

	REQUEST FOR PATENT	FE	E REFU	ND		
1 Dat	te of Request: 01/23/08 2 :	Seri	al/Pat	tent	#	09/673905
3 Ple	ease refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
	Filing					\$
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
Х	Petition (1462 - \$400)	)			9/29/06	<b>\$</b> 1,900.00 <b>-</b>
	Issue					\$
	Cert of Correction/Terminal Dis	sc.				\$
	Maintenance					\$
	Assignment					\$
	Other					\$
				TAL .	AMOUNT UND	\$ 1,900 <del>.0</del> 0
	Andreas Department of the Control of		8 TO	BE :	REFUNDED 1	Y: CREDIT CARD
10 RE	ASON:			I	reasury C	heck
	Overpayment			C	redit Dep	osit A/C #:
	Duplicate Payment			9		
Х	No Fee Due (Explanation):		<u></u>			
						·
11 RE	FUND REQUESTED BY:					
TYP	ED/PRINTED NAME: Christina Tarter	ra Dor	nell	ı	TITLE:	Petitions Attorney
SIG	NATURE: /christina tartera donne	ell/		I	PHONE:	571-272-3211
OFF	ICE: Office of Petitions - 470	0				عاد عاد داد داد داد داد داد داد داد داد
	s space reserved for finance use	ONI		* * * * * * * * * * * * * * * * * * *	1/2	25108
APP	PROVED: (*) MINI	<del></del>	DAT	E: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B